DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor, if only one name is listed below, or an original, first and joint inventor, if plural names are listed below, of the subject matter which is claimed and for which a patent is sought on the invention entitled

	LE STATIC PIXEL CELL F	OR OLED ACTIVE MATRI	X DISPLAY		
□ was filed in the United S with amendment(s) filed	ncludes amendment(s) filed on States on as Appln. Ser. I on (if applicable	No,			
was filed as PCT Internation (if applic	ational Appln. Noable)	on and was	and was amended under PCT Article 19		
I hereby state that I have reviewe amended by any amendment refe		f the above-identified application	on, including the c	laims, as	
Tacknowledge the duty to disclose the first of the patent or inventor's certificate, or thinted States of America, listed to any PCT international applicate before that of the application	enefits under Title 35, U.S.C. § 3 365(a) of any PCT international below, and have also identified below on this invention filed by m	119 (a)-(d) or (f) or 365(b) of a 1 application which designated below any foreign application f	ny foreign applicat at least one countr or patent or invent	tion(s) for ry other than the or's certificate,	
EARLIEST FOREIGN APP	LICATION(S), IF ANY, FILEI	PRIOR TO THE FILING DA	TE OF THE APPI	LICATION	
APPLICATION NUMBER	COUNTRY	DATE OF FILING (day, month, year)	PRIORITY	CLAIMED	
NONE			Yes 🗆	No □	
			Yes 🗆	No □	
I hereby claim the benefit under	Title 35, United States Code §11	9(e) of any United States provi	isional application	(s) listed below.	
APPLICATION NUMBER		FILING DATE			
60/226.592		AUGUST 21, 2000			

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys, with full power of substitution and revocation, to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith: Daniel A. Devito (32,125), Edward V. Filardi (25,757), David W. Hansen (38,910), Constance S. Huttner (35,903), Ronald S. Laurie (25,431), Robert B. Smith (28,538), Bruce C. Anderson (46,519), Robert B. Beyers (46,552), Meir Y. Blonder (40,517), Ian R. Blum (42,336), John L. Dauer, Jr. (39,953), Jose Esteves (41,011), Michael D. Fabiano (44,675), Stacey J. Farmer (42,526), Di Jiang-Schuerger (44,806), Frederick D. Kim (38,513), Thomas R. Lane (42,718), Daniel J. Lin (47,750), Douglas R. Nemec (41,219), Guy Perry (46,194), Constance F. Ramos (47,883), Andrew F. Strobert (35,375), Todd J. Tiberi (37,455), Joseph Yang (41,387), and Matthew B. Zisk (45,257), all of Skadden, Arps, Slate, Meagher & Flom LLP, whose address is Four Times Square, New York, NY 10036.

SEND CORRESPONDENCE TO: Skadden, Arps, Slate, Meagher & Flom LLP

Four Times Square New York, NY 10036 PTO Customer No. 26137 DIRECT TELEPHONE CALLS TO: **GUY PERRY** 212-735-2633

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1	FULL NAME OF INVENTOR	Last Name PRACHE	First Name OLIVIER	Middle Name F.	
	RESIDENCE AND CITIZENSHIP	City PLEASANTVILLE	State or Foreign Country NEW YORK	Country of Citizens FRANCE	hip
	POST OFFICE ADDRESS	Street 213 MANVILLE ROAD	City PLEASANTVILLE	State or Country NEW YORK	Zip Code 10570
Signa	nture of Inventor	Date			
	FULL NAME OF INVENTOR	Last Name	First Name	Middle Name	
	RESIDENCE AND CITIZENSHIP	City	State or Foreign Country	Country of Citizenship	
	POST OFFICE ADDRESS	Street	City	State or Country	Zip Code
Signa	ature of Inventor			Date	
	FULL NAME OF INVENTOR	Last Name	First Name	Middle Name	
	RESIDENCE AND CITIZENSHIP	City	State or Foreign Country	Country of Citizenship	
	POST OFFICE ADDRESS	Street	City	State or Country	Zip Code
Sign	ature of Inventor	Date			
4	FULL NAME OF INVENTOR	Last Name	First Name	Middle Name	
	RESIDENCE AND CITIZENSHIP	City	State or Foreign Country	Country of Citizenship	
	POST OFFICE ADDRESS	Street	City	State or Country	Zip Code
Sign	nature of Inventor	Date			